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3/26/19 12:25	

						•		3/26/19	12:25PN
		nation to identify							
Debtor	1	Kertrina R First Name	Middle Name	Last Name					
Debtor	2	1 HSt I valle	Windle Pulle	East Name					
	- e, if filing	) First Name	Middle Name	Last Name					
		nkruptcy Court i	for the: WES	TERN DISTRICT OF VIRGINIA				is an amended plan, sections of the plan	
Case nu	mber:	19-60525					have been cha		
(If known	)								
Officia	al Form	113				]			
Chapt	er 13 l	Plan						12/1	17
B 1	<b>=</b> x+								
Part 1:	Notice	<u>s</u>							
To Debt	or(s):	indicate that	the option is appropr	ny be appropriate in some cases, l riate in your circumstances or tha I judicial rulings may not be conf	at it is per				
		In the following	ng notice to creditors,	you must check each box that appl	ies				
To Cred	litors:	You should re		is plan. Your claim may be reduce and discuss it with your attorney if it one.				case. If you do not h	nave
		confirmation a Court. The Ba	at least 7 days before t ankruptcy Court may c	of your claim or any provision of the he date set for the hearing on confi- confirm this plan without further no you may need to file a timely proo	rmation, u	nless other	erwise ordered to confirmatio	by the Bankruptcy n is filed. See	
		plan includes		rticular importance. <i>Debtors must of items. If an item is checked as "Nother plan.</i>					
1.1			of a secured claim, se no payment at all to the	et out in Section 3.2, which may r	result in	_ Inclu	uded	<b>✓</b> Not Included	l
1.2	Avoida			ry, nonpurchase-money security	interest,	<b>✓</b> Inclu	uded	Not Included	l
1.3	,		ns, set out in Part 8.			<b>✓</b> Inclu	uded	☐ Not Included	l
Part 2:	Dlan D	ayments and L	angth of Plan						
		-							
2.1			egular payments to th	e trustee as follows:					
\$507.69	per <u>Bi-V</u>	<b>Veekly</b> for <u>60</u> n	nonths						
Insert aa	lditional i	ines if needed.							
			of payments are specified in this plan.	ified, additional monthly payments	will be ma	ade to the	e extent necess	ary to make the	
2.2	Regula	r payments to t	he trustee will be ma	de from future income in the follo	owing ma	nner.			
	Check a	Debtor(s) will	make payments pursu make payments direct method of payment):	ant to a payroll deduction order.					
	me tax r	efunds.							
Chec	rk one. ✓	Debtor(s) will	retain any income tax	refunds received during the plan to	erm.				

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Debtor	K	Kertrina R Donigan		Case	number 19	-60525	
		Debtor(s) will supply the tru return and will turn over to				term within 14 days	of filing the
		Debtor(s) will treat income	refunds as follows:				
2.4 Addi	<b>tional pa</b> k one.	yments.					
Chec	₩.	None. If "None" is checked	l, the rest of § 2.4 need no	ot be completed or rep	roduced.		
2.5	The tota	al amount of estimated payr	nents to the trustee pro	vided for in §§ 2.1 an	d 2.4 is \$ <u>107,21</u>	<b>7.60</b> .	
Part 3:	Treatm	ent of Secured Claims					
3.1 Maintenance of payments and cure of default, if any.							
	Check or	ne.					
	None. If "None" is checked, the rest of § 3.1 need not be completed or reproduced.  The debtor(s) will maintain the current contractual installment payments on the secured claims listed below, with any changes required by the applicable contract and noticed in conformity with any applicable rules. These payments will be disbursed either by the trustee or directly by the debtor(s), as specified below. Any existing arrearage on a listed claim will be paid in full through disbursements by the trustee, with interest, if any, at the rate stated. Unless otherwise ordered by the court, the amounts listed on a proof of claim filed before the filing deadline under Bankruptcy Rule 3002(c) control over any contrary amounts listed below as to the current installment payment and arrearage. In the absence of a contrary timely filed proof of claim, the amounts stated below are controlling. If relief from the automatic stay is ordered as to any item of collateral listed in this paragraph, then, unless otherwise ordered by the court, all payments under this paragraph as to that collateral will cease, and all secured claims based on that collateral will no longer be treated by the plan. The final column includes only payments disbursed by the trustee rather than					disbursed either d in full through nounts listed on as listed below mounts stated ph, then, unless claims based on	
payment arrearage (if any) o			Interest rate on arrearage (if applicable)	Monthly payment on arrearage	Estimated total payments by		
Pennyi	mac	189 Wildwood Dr Madison Heights, VA 24572 Amherst County	\$897.00 per month beginning July 2019  Disbursed by:  Trustee	\$35,164.22- \$32,389.22 for pre-petition arrears; \$2,775.00 for gap payments for the months of April 2019, May 2019 and June 2019	0.00%	pro-rata	\$88,984.22
Insert ad	ditional c	laims as needed.	Debtor(s)				
3.2	Request	for valuation of security, p	ayment of fully secured	l claims, and modifica	ation of underse	cured claims. Check	one.
	<b>✓</b>	None. If "None" is checked	, the rest of § 3.2 need no	ot be completed or rep	roduced.		
3.3	Secured	claims excluded from 11 U	.S.C. § 506.				
	Check one.  None. If "None" is checked, the rest of § 3.3 need not be completed or reproduced.  The claims listed below were either:						

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Debtor	Kertrina R Donigan	Case number	19-60525	

- (1) incurred within 910 days before the petition date and secured by a purchase money security interest in a motor vehicle acquired for the personal use of the debtor(s), or
- (2) incurred within 1 year of the petition date and secured by a purchase money security interest in any other thing of value.

These claims will be paid in full under the plan with interest at the rate stated below. These payments will be disbursed either by the trustee or directly by the debtor(s), as specified below. Unless otherwise ordered by the court, the claim amount stated on a proof of claim filed before the filing deadline under Bankruptcy Rule 3002(c) controls over any contrary amount listed below. In the absence of a contrary timely filed proof of claim, the amounts stated below are controlling. The final column includes only payments disbursed by the trustee rather than by the debtor(s).

Name of Creditor	Collateral	Amount of claim	Interest rate	Manthly plan	Estimated total
Name of Creditor	Conateral	Amount of claim	interest rate	Monthly plan	
Fast Auto Loans	2014 Honda Accord 81000 miles	\$520.00	5.50%_	payment AP payment of \$5.00 for 9 months and then the regular payments of \$22.93 for 24 months Disbursed by:	payments by trustee \$595.32
Title Max	2006 Honda Pilot 208000 miles	\$2,400.00	5.50%	Trustee  Debtor(s)  AP payment of \$24.00 for 9 months and then the regular payments of \$50.46 for 50 months  Disbursed by:  Trustee  Debtor(s)	\$2,739.00

Insert additional claims as needed.

## 3.4 Lien avoidance.

**V** 

None. If "None" is checked, the rest of § 3.4 need not be completed or reproduced.

The remainder of this section will be effective only if the applicable box in Part 1 of this plan is checked

The judicial liens or nonpossessory, nonpurchase money security interests securing the claims listed below impair exemptions to which the debtor(s) would have been entitled under 11 U.S.C. § 522(b). Unless otherwise ordered by the court, a judicial lien or security interest securing a claim listed below will be avoided to the extent that it impairs such exemptions upon entry of the order confirming the plan. The amount of the judicial lien or security interest that is avoided will be treated as an unsecured claim in Part 5 to the extent allowed. The amount, if any, of the judicial lien or security interest that is not avoided will be paid in full as a secured claim under the plan. See 11 U.S.C. § 522(f) and Bankruptcy Rule 4003(d). If more than one lien is to be avoided, provide the information separately for each lien.

Information regarding judicial lien or security interest	Calculation of lien avoidance		Treatment of remaining secured claim
Name of Creditor	a. Amount of lien	\$3,695.00	Amount of secured claim after avoidance (line a minus line f)
Bank of the James	b. Amount of all other liens	\$157,407.79	avoluance (fine a finitus fine f)
	c. Value of claimed exemptions	\$1.00	
Collateral	d. Total of adding lines a, b, and c	\$161,103.79	Interest rate (if applicable)
189 Wildwood Dr Madison Heights, VA 24572 Amherst County			%

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Debtor	Kertrina R Donig	an	Case number	19-60525		
lien or s	ation regarding judicial ecurity interest	Calculation of lien avoidance		Treatment of remaining secured claim		
Doniga	mother) Delores G n 22,400.00					
judgmen recordin	entification (such as at date, date of lien g, book and page number) ent Lien	e. Value of debtor(s)' interest in property	-\$136,000.00	Monthly plan payment on secured claim		
Opened 9/15/17	d 4/10/17 Last Active	f. Subtract line e from line d.	\$25,103.79	Secured Claim		
		Extent of exemption impairment (Check applicable box):  Line f is equal to or greater than li  The entire lien is avoided (Do not co		Estimated total payments on secured claim		
		Line f is less than line a. A portion of the lien is avoided. (Co.	mplete the next column)			
Insert ad	ditional claims as needed.					
3.5	Surrender of collateral.					
Checi	None. If "None" The debtor(s) electhat upon confirm under § 1301 be t treated in Part 5 b	is checked, the rest of § 3.5 need not be comet to surrender to each creditor listed below thation of this plan the stay under 11 U.S.C. § terminated in all respects. Any allowed unserpelow.	the collateral that secures to 362(a) be terminated as to	the collateral only and that the stay		
	f Creditor argo Bank	Collate closed	ral   account			
Insert ad	ditional claims as needed.					
Part 4:	Treatment of Fees and P	riority Claims				
4.1	<b>General</b> Trustee's fees and all allow without postpetition interes	ved priority claims, including domestic support.	ort obligations other than t	hose treated in § 4.5, will be paid in full		
4.2	Trustee's fees  Trustee's fees are governed by statute and may change during the course of the case but are estimated to be <b>8.00</b> % of plan payments; and during the plan term, they are estimated to total \$ <b>8</b> , <b>577</b> .60.					
4.3	Attorney's fees.					
	The balance of the fees ow	ed to the attorney for the debtor(s) is estimated	ted to be \$4,056.85.			
4.4	Priority claims other than	attorney's fees and those treated in § 4.5	<b>.</b>			
		is checked, the rest of § 4.4 need not be commate the total amount of other priority claim				
4.5	Domestic support obligat	ions assigned or owed to a governmental t	unit and paid less than fu	ll amount.		
	Check one.					

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Debtor		Kertrina R Donigar	1		Case number	19-60	525	
	<b>✓</b>	None. If "None" is	checked, the rest of § 4.5 ne	eed not be com	pleted or reproduced.			
Part 5:	Treat	tment of Nonpriority	Unsecured Claims					
5.1	Nonpriority unsecured claims not separately classified.							
<b>→</b>	provid The	ing the largest paymen sum of \$% of the total amoun	ed claims that are not separate will be effective. <i>Check al</i> at of these claims, an estimate disbursements have been man	ll that apply.  ted payment of	\$ <u>2,264.00</u>			ked, the option
5.2	Rega	ardless of the options c	) were liquidated under chap thecked above, payments on and cure of any default on	allowed nonpr	riority unsecured clain	ns will be n		
5,2	Wamt	None. If "None" is The debtor(s) will n below on which the directly by the debto	checked, the rest of § 5.2 ne maintain the contractual instal last payment is due after the or(s), as specified below. The stee. The final column inclusion	eed not be come allment payme the final plan pay the claim for the	pleted or reproduced. nts and cure any defau yment. These payment e arrearage amount wil	alt in paymets will be d	isbursed either by the n full as specified bel	e trustee or ow and
Name o	f Credi	tor	Current installment pa	yment	Amount of arreara	ge to be	Estimated total p	ayments by
		uit Court	Disbursed by: ☐ Trustee ☑ Debtor(s)	\$45.00		\$0.00		\$0.00
5.3	Other	separately classified	nonpriority unsecured clai	ims. Check one	₽•			
	<b>✓</b>	·	checked, the rest of § 5.3 ne	eed not be com	pleted or reproduced.			
Part 6:	Execu	utory Contracts and U	Jnexpired Leases					
6.1			d unexpired leases listed bases are rejected. Check on		med and will be treat	ed as spec	ified. All other exec	utory
	<b>✓</b>	<b>None.</b> If "None" is	checked, the rest of § 6.1 ne	eed not be com	pleted or reproduced.			
Part 7:	Vesti	ng of Property of the	Estate					
7.1 Chec	k the ap plan c	opliable box: confirmation. of discharge.	vest in the debtor(s) upon					
Part 8:	Nons	tandard Plan Provisio	ons					
8.1	Check		standard Plan Provisions checked, the rest of Part 8 t	need not be cor	npleted or reproduced	1.		

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Debtor Kertrina R Donigan Case number 19-60525

Under Bankruptcy Rule 3015(c), nonstandard provisions must be set forth below. A nonstandard provision is a provision not otherwise included in the Official Form or deviating from it. Nonstandard provisions set out elsewhere in this plan are ineffective.

The following plan provisions will be effective only if there is a check in the box "Included" in § 1.3.

(a). Additional Adequate Protection:

Adequate Protection also consists of the following in this case:

Unless otherwise provided herein, the monthly payment amounts listed in Parts 3.2 and 3.3 of the this Chapter 13 Plan will be paid as adequate protection beginning prior to confirmation to the holders of allowed secured claims.

Insurance will be maintained on all vehicles securing claims to be paid by the Trustee.

## (b). Attorneys Fees

Attorneys Fees noted in Part 4.3 shall be approved on the confirmation date unless previously objected to. Said allowed fees shall be paid by the Trustee prior to the commencement of payments required to be made by the Trustee under Part 3, 4, 5 and 6 herein, except adequate protection payments, ongoing mortgage payments or regular payments to be paid by the Trustee

(c). Date Debtors to resume regular direct payments to Creditors that are being paid arrearages by the trustee under Part 3.1).

Creditor	Month Debtor to resume regular direct payments

#######ATTENTION ALL SECURED CREDITORS LISTED IN PART 3.1 #####:

PLEASE TAKE NOTICE THAT THE DEBTOR INTENDS TO CONTINUE TO MAKE REGULAR PAYMENTS ON YOUR SECURED DEBT. ACCORDINGLY, YOU, THE SECURED CREDITOR REFERENCED ABOVE IN PART 3.1, SHALL SEND MONTHLY MORTGAGE/AUTOMOBILE STATEMENTS CONSISTENT WITH YOUR PREPETITION PRACTICE. SENDING SUCH STATEMENTS SHALL NOT BE CONSIDERED BY THE DEBTORS TO BE A VIOLATION OF THE AUTOMATIC STAY.

\*\*\*\*\*\*\* ATTENTION, CREDITORS LISTED IN PART 3.5.\*\*\*\*\*\*\*\*\*\*\*\*

THE PROPERTY SECURED BY YOUR LOAN IS BEING SURRENDERED. A DEFICIENCY CLAIM MUST BE FILED WITHIN 180 DAYS OF CONFIRMATION OR THE ENTRY OF AN ORDER LIFTING THE STAY, WHICHEVER OCCURS FIRST. IF A DEFICIENCY CLAIM HAS NOT BEEN FILED WITHIN THIS TIME PERIOD, YOUR DEFICIENCY CLAIM WILL BE DISALLOWED. IF YOU FILE A DEFICIENCY CLAIM, YOU MUST ALSO PROVIDE PROOF THAT THE PROPERTY SURRENDERED WAS LIQUIDATED IN ACCORDANCE WITH STATE LAW.

Pursuant to Part 3.1, the Trustee shall pay (creditor) Pennymac the designated post-petition mortgage payments through the plan. These mortgage payments shall be classified and paid as follows:

Pre-petition Arrears: The prepetition arrears are \$32,389.22

GAP Payments: The first three post-petition mortgage payments shall be disbursed pro-rata by the Trustee as post-petition arrears, including late fees, in the approximate amount of \$2,775.00 the months of April, May and June 2019

Other Post-petition Arrears: The following additional post-petition default shall be cured and disbursed by the Trustee, approximately \$0.00, for the months of \_N/A\_ through and including \_N/A\_.

Ongoing Payments: The regular post-petition mortgage payments shall be disbursed by the Trustee beginning with the mortgage payment due for the month of July 2019, continuing for approximately 59 months; the total number of such payments to be made by the Trustee will usually equal the number of monthly plan payments being made by the Debtor(s) to the Trustee, unless the plan pays off early.

Disbursement of ongoing post-petition mortgage payments from the Chapter 13 Trustee may not begin until an allowed claim on behalf of the mortgagee has been filed. At the completion of the term of the plan, it is predicted that the Debtor(s) shall resume monthly mortgage payments directly pursuant to the terms of the mortgage contract beginning with the payment due in June 2024

Treatment and Payment of Claims.

• All creditors must timely file a proof of claim to receive payment from the Trustee.

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Debtor	Kertrina R Donigan	Case number	19-60525	

- If a claim is scheduled as unsecured and the creditor files a claim alleging the claim is secured but does not timely object to confirmation of the Plan, the creditor may be treated as unsecured for purposes of distribution under the Plan. This paragraph does not limit the right of the creditor to enforce its lien, to the extent not avoided or provided for in this case, after the debtor(s) receive a discharge.
- If a claim is listed in the plan as secured and the creditor files a proof of claim alleging the claim is unsecured, the creditor will be treated as unsecured for purposes of distribution under the Plan.
- The Trustee may adjust the monthly disbursement amount as needed to pay an allowed secured claim in full.

\*\*\*ATTN:STUDENT LOAN PROVIDERS/SERVICERS. Attn: Fed Loan Servicing, ECMC, Navient, Department of Education and any other parties holding Government guaranteed student loans:

The Debtor is not seeking nor does this Plan provide for any discharge, in whole or in part of her student loan obligations. The Debtor shall be allowed to seek enrollment, or to maintain any pre-petition enrollment, in any applicable income-driven repayment ("IDR") plan with the U.S. Department of Education and/or other student loan servicers, guarantors, etc. (Collectively referred to hereafter as "Ed"), including but not limited to the Public Service Loan Forgiveness program, without disqualification due to her bankruptcy. Any direct payments made from the Debtor to Ed since the filing of her petition shall be applied to any IDR plan in which the Debtor was enrolled pre-petition, including but not limited to the Public Service Loan Forgiveness program. Ed shall not be required to allow enrollment in any IDR unless the Debtor otherwise qualifies for such plan. During the pendency of any application by the Debtor to consolidate her student loans, to enroll in an IDR, direct payment of her student loans under an IDR, or during the pendency of any default in payment of the student loans under an IDR, it shall not be a violation of the stay or other State or Federal Laws for Ed to send the Debtor normal monthly statements regarding payments due and other communications including, without limitation, notices of late payments or delinquency. These communications may expressly include telephone calls and e-mails.

Part	9: Signature(s):		
9.1	Signatures of Debtor(s) and Debtor(s)' Attor	•	
	e Debtor(s) do not have an attorney, the Debtor(s) m y, must sign below.	nust sign below, otherwise the Debtor(s) signatures are option	al. The attorney for Debtor(s),
X	/s/ Kertrina R Donigan	$\boldsymbol{X}$	
	Kertrina R Donigan	Signature of Debtor 2	_
	Signature of Debtor 1		
	Executed on March 12, 2019	Executed on	_
X	/s/ Stephen E. Dunn	Date March 12, 2019	
	Stephen E. Dunn 26355		
	Signature of Attorney for Debtor(s)		

By filing this document, the Debtor(s), if not represented by an attorney, or the Attorney for Debtor(s) also certify(ies) that the wording and order of the provisions in this Chapter 13 plan are identical to those contained in Official Form 113, other than any nonstandard provisions included in Part 8.

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Kertrina R Donigan Debtor Case number 19-60525 **Exhibit: Total Amount of Estimated Trustee Payments** The following are the estimated payments that the plan requires the trustee to disburse. If there is any difference between the amounts set out below and the actual plan terms, the plan terms control. Maintenance and cure payments on secured claims (Part 3, Section 3.1 total) \$88,984.22 b. Modified secured claims (Part 3, Section 3.2 total) \$0.00 **Secured claims excluded from 11 U.S.C.** § 506 (Part 3, Section 3.3 total) \$3,073.02 c. Judicial liens or security interests partially avoided (Part 3, Section 3.4 total) \$0.00 d. Fees and priority claims (Part 4 total) \$12,636.45 e. **Nonpriority unsecured claims** (Part 5, Section 5.1, highest stated amount) \$2,523.91 f.

Maintenance and cure payments on unsecured claims (Part 5, Section 5.2 total) \$0.00 g.

**Separately classified unsecured claims** (*Part 5*, *Section 5.3 total*) \$0.00 h.

Trustee payments on executory contracts and unexpired leases (Part 6, Section 6.1 total) \$0.00 i.

Nonstandard payments (Part 8, total) \$0.00 j.

Total of lines a through j \$107,217.60

Official Form 113 Chapter 13 Plan Page 8

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Fill	in this information to identify your o	case:								
Del	otor 1 Kertrina R I	Donigan								
	otor 2									
Uni	ted States Bankruptcy Court for the	e: WESTERN DISTRIC	T OF VIRGINIA							
	se number 19-60525		-					ed filing ent showi	ng postpetition	
O.	fficial Form 106l					_	3 income		following date:	
	chedule I: Your Inc	ome				IV	י /טט / ואווי	7 7 7 7		12/15
sup spo atta	as complete and accurate as posplying correct information. If you use. If you are separated and you che a separate sheet to this form.  Describe Employment	are married and not fili ur spouse is not filing w On the top of any additi	ng jointly, and your ith you, do not inclu	spouse i ide inforr	s livi natio	ng with	you, incl your sp	ude infor ouse. If m	mation about nore space is	your needed,
1.	Fill in your employment information.		Debtor 1				Debtor 2	2 or non-f	filing spouse	
	If you have more than one job, attach a separate page with information about additional	Employment status	■ Employed				☐ Employed			
		Employment status	☐ Not employed				☐ Not employed			
	employers.	Occupation	CSR							
	Include part-time, seasonal, or self-employed work.	Employer's name	Food Lion							
	Occupation may include student or homemaker, if it applies.	Employer's address	PO Box 1549 Salisbury, NC 2	28145-15	49					
Por	Civo Detaile About Mo	How long employed t	here? Octobe	er 2018			-			
<b>Esti</b> spou	mate monthly income as of the cuse unless you are separated.	late you file this form. If	,	•	•			·	·	· ·
	u or your non-filing spouse have m e space, attach a separate sheet to		ombine the informatic	on for all e	mpic	yers ior	triat perso	on on the	ilines below. It	you need
						For Del	otor 1		ebtor 2 or ling spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	2	,513.33	\$	N/A	
3.	Estimate and list monthly over	time pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Income. Add li	ne 2 + line 3.		4.	\$	2,5	13.33	\$	N/A	

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Deb	tor 1	Kertrina R Donigan	-	Case n	umber (if known)	19-6052	25	
				For I	Debtor 1		otor 2 or ng spouse	
	Cop	y line 4 here	4.	\$	2,513.33	\$	N/A	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	541.67	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A	
	5e.	Insurance	5e.	\$	36.64	\$	N/A	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A	
	5g.	Union dues	5g.	\$	0.00	\$	N/A	
	5h.	Other deductions. Specify:	5h.+	\$	0.00	+ \$	N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	578.31	\$	N/A	
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	1,935.02	\$	N/A	
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total						
		monthly net income.	8a.	\$	0.00	\$	N/A	
	8b.	Interest and dividends	8b.	\$	0.00	\$	N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce						
	0.1	settlement, and property settlement.	8c.	\$	0.00	\$	N/A	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	N/A	
	8e. 8f.	Social Security Other government assistance that you regularly receive	8e.	\$	0.00	\$	N/A	
	Oi.	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: Food stamps	8f.	\$	432.00	\$	N/A	
	8g.	Pension or retirement income	 8g.	\$	0.00	\$	N/A	
	8h.	Other monthly income. Specify: 1/12 bonus	8h.+	\$	122.00	+ \$	N/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	554.00	\$	N/A	
			l					
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	2	2,489.02 + \$	N	<b>I/A</b> = \$	2,489.02
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify:	depen		•	ted in Sche	edule J. 11. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies				a, if it	12. \$	2,489.02
							Combin	ed income
13.	Do y	you expect an increase or decrease within the year after you file this form.  No.	?				monuny	MICOINE
		Yes. Explain:						

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FIII	in this informa	tion to identify yo	ur case:						
Deb	tor 1	Kertrina R Do	onigan			Che	eck if this is:		
	. 0						An amended filing		
l	otor 2 ouse, if filing)							wing postpetition chapter f the following date:	
							·		
Unit	ed States Bankr	uptcy Court for the:	WESTE	ERN DISTRICT OF VIRGIN	IIA		MM / DD / YYYY		
Cas	e number 19	-60525							
(If k	nown)								
$\cap$	fficial Ea	rm 106J							
		J: Your I							/15
info	ormation. If m		eded, atta	If two married people ar ch another sheet to this n.					
Par	t 1: Descr	ibe Your House	hold						
1.	Is this a join								
	■ No. Go to	line 2.							
	☐ Yes. <b>Doe</b>	s Debtor 2 live i	n a separ	ate household?					
	□ N	0							
	☐ Ye	es. Debtor 2 mus	t file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	hold of De	btor 2.		
2.	Do vou have	e dependents?	□ No						
	Do not list De	•	_	Fill out this information for	Dependent's relati	onshin to	Dependent's	Does dependent	
	Debtor 2.	ebtor rand	Yes.	each dependent	Debtor 1 or Debtor		age	live with you?	
	Do not state	tho						□ No	
	dependents				Daughter		16	■ Yes	
							_	□ No	
					Son		18	■ Yes	
								□ No	
							_	☐ Yes	
								□ No	
3.	Do your exp	enses include	_					☐ Yes	
٥.	expenses of	f people other th	nan 🗖	No Yes					
	yourself and	d your depender	nts? ⊔	res					
Par	t 2: Estim	ate Your Ongoir	ng Monthl	y Expenses					
exp	imate your ex enses as of a blicable date.	penses as of you	our bankro pankruptc	uptcy filing date unless y y is filed. If this is a supp	ou are using this fo lemental <i>Schedul</i> e	orm as a s J, check	supplement in a Ch the box at the top	apter 13 case to report of the form and fill in the	a
Inc	lude expense	s paid for with r	on-cash	government assistance i	f vou know				
the	value of such	n assistance and		luded it on Schedule I: Y			V		
(Of	ficial Form 10	6I.)					Your exp	penses	
4.		or home owners		ses for your residence. In	nclude first mortgage	e 4.	\$	0.00	
		led in line 4:	-						
	ii not includ	icu III IIIIE 4:							
		estate taxes				4a.	·	0.00	
	•	rty, homeowner's				4b.	: —	0.00	
		maintenance, re owner's associati	•	ıpkeep expenses dominium dues		4c. 4d.		0.00	
5.				our residence, such as ho	me equity loans	5.	·	0.00	

Debtor '	Kertrina R Donigan				ber (if known)	19-60525	
6. Uti	lities:						
6a.	. Electricity	, heat, natural gas		6a.	\$	100.00	
6b.	. Water, se	wer, garbage collection		6b.	\$	32.00	
6c.	Telephone	e, cell phone, Internet, satellite, and cab	le services	6c.	\$	160.00	
6d.	Other. Sp	ecify:		6d.	\$	0.00	
7. <b>Fo</b>	od and hous	ekeeping supplies			\$	365.00	
8. <b>Ch</b>	ildcare and	children's education costs		8.	\$	0.00	
9. <b>Clo</b>	othing, laund	ry, and dry cleaning		9.	\$	50.00	
10. <b>Pe</b>	rsonal care r	products and services		10.	\$	25.00	
	•	ntal expenses		11.	·	50.00	
		Include gas, maintenance, bus or train	fare.		· —		
	not include c		10.	12.	\$	200.00	
		clubs, recreation, newspapers, maga	zines, and books	13.	\$	75.00	
		ributions and religious donations		14.	\$	0.00	
	surance.	J					
Do	not include ir	surance deducted from your pay or incl	uded in lines 4 or 20.				
15	a. Life insura	ance		15a.	\$	0.00	
151	b. Health ins	urance		15b.	\$	0.00	
150	c. Vehicle in	surance		15c.	\$	242.00	
150	d. Other insu	rance. Specify:		15d.	\$	0.00	
		iclude taxes deducted from your pay or	included in lines 4 or 20.				
	ecify: <b>PPT</b>	, , ,		16.	\$	35.00	
17. <b>Ins</b>	stallment or I	ease payments:					
178	a. Car paym	ents for Vehicle 1		17a.	\$	0.00	
171	b. Car paym	ents for Vehicle 2		17b.	\$	0.00	
170	c. Other. Sp	ecify:		17c.	\$	0.00	
	d. Other. Sp			17d.	\$	0.00	
18. <b>Yo</b>	ur payments	of alimony, maintenance, and suppo	rt that you did not report as				
		your pay on line 5, Schedule I, Your I		18.	\$	0.00	
19. <b>Ot</b> l	her payment	s you make to support others who do	not live with you.		\$	0.00	
	ecify:			19.			
		erty expenses not included in lines 4	or 5 of this form or on Sche	edule I: Yo	our Income.		
20	a. Mortgage:	s on other property		20a.	\$	0.00	
201	<ul> <li>Real estat</li> </ul>	e taxes		20b.	\$	0.00	
200	c. Property,	homeowner's, or renter's insurance		20c.	\$	0.00	
200	d. Maintenar	nce, repair, and upkeep expenses		20d.	\$	0.00	
20	e. Homeowr	er's association or condominium dues		20e.	\$	0.00	
21. <b>Ot</b> l	her: Specify:	court fines		21.	+\$	45.00	
	-	monthly expenses			_		
	a. Add lines 4	•			\$	1,379.00	
221	b. Copy line 2	2 (monthly expenses for Debtor 2), if an	y, from Official Form 106J-2		\$		
220	c. Add line 22	a and 22b. The result is your monthly e	xpenses.		\$	1,379.00	
22 Co	laulata varr	monthly not income					
	•	monthly net income.	m Cabadula I	220	Φ.	0.400.00	
		12 (your combined monthly income) from		23a.	·	2,489.02	
231	b. Copy you	monthly expenses from line 22c above	•	23b.	-\$	1,379.00	
00	o Cubtrost:	our monthly evanges from your	ly income				
230		our monthly expenses from your monthly	y income.	23c.	\$	1,110.02	
	i ne result	is your monthly net income.		200.	*	-,	
24 Do	VOII AYDACE	an increase or decrease in your expe	nees within the year after ye	u file this	form?		
	Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a						
	odification to the terms of your mortgage?						
	No.						
	Yes.	Explain here:					

AMHERST CIRCUIT COURT PO BOX 462 AMHERST, VA 24521

Case 19-60525 Doc 15 Filed 03/26/19 Entered 03/26/19 12:27:36, Desc Main Book 13 of 14 Document Page 13 of 14 FIRST VIRGINIA FINANCIAL 3226 OLD FOREST RD LYNCHBURG, VA 24501

TITLE MAX REG AGENT: CT CORP SYSTEM 4701 COX RD, STE 301 GLEN ALLEN, VA 23060

BANK OF THE JAMES C/O ROBERT R. CHAPMAN, III, CEO FOR NTELOS 615 CHURCH STREET LYNCHBURG, VA 24504

I C SYSTEM INC P.O. BOX 64378 ST. PAUL, MN 55164 **VERIZON** PO BOX 660720 **DALLAS, TX 75266** 

BK OF JAMES 615 CHURCH STREET LYNCHBURG, VA 24504

INTERNAL REVENUE SERVICE PO BOX 7346 PHILADELPHIA, PA 19101-7346

VIRGINIA DEPARTMENT OF TAXA PO BOX 2156 RICHMOND, VA 23219

BLUEEAGLE CU 419 RUTHERFORD AVENUE ROANOKE, VA 24022

KEITH THOMAS PO BOX 617 MADISON HEIGHTS, VA 24572

WELLS FARGO BANK REG AGENT CORP SERVICE CO 11 S 12TH STREET, PO BOX 1463 RICHMOND, VA 23218

BWW LAW GROUP, LLC 8100 THREE CHOPT ROAD, STE. 240 256 WEST DATA DR FOR PENNYMAC RICHMOND, VA 23229

NPRTO SOUTHEAST, LLC DRAPER, UT 84020

WELLS FARGO BANK ATTN: BANKRUPTCY DEPT PO BOX 6429 GREENVILLE, SC 29606

CENTRA HEALTH 2301 LANGHORNE RD LYNCHBURG, VA 24501 PENNYMAC REG AGENT: CT CORPORATION SYSTEM 4701 COX RD, SUITE 285 GLEN ALLEN, VA 23060

CHECK FIRST CASH ADVANCE 3701 FORT AVE LYNCHBURG, VA 24502

PENNYMAC LOAN SERVICES ATTN: BANKRUPTCY PO BOX 514387 LOS ANGELES, CA 90051

DELORES DONIGAN 121 CARSON LN MADISON HEIGHTS, VA 24572 PORTFOLIO RECOVERY 120 CORPORATE BLVD STE 1 FOR VICTORIAS SECRET NORFOLK, VA 23502

DELORIS DONIGAN 121 CARSON LN MADISON HEIGHTS, VA 24572 SPEEDY CASH PO BOX 780408 WICHITA, KS 67278

FAST AUTO LOANS SUNTRUST REG AGENT: CT CORPORATION SYSTEMPO BOX 4298 4701 COX RD, SUITE 285 ORLANDO, FL 32802-4928 GLEN ALLEN, VA 23060

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UNITED STATES BANKRUPTCY COURT FOR THE WESTERN DISTRICT OF VIRGINIA

In re: Kertrina R Donigan

Chapter 13

Case No. 19-60525

Debtor(s).

## CERTIFICATION OF MAILING AND/OR SERVICE OF CHAPTER 13 PLAN

I certify that a true and correct copy of the chapter 13 plan or the amended chapter 13 plan and amended plan cover sheet, filed electronically with the Court on **March 26, 2019**, has been mailed by first class mail postage prepaid to all creditors, equity security holders, and other parties in interest, including the United States Trustee, on **March 26, 2019**.

If the plan contains (i) a request under section 522(f) to avoid a lien or other transfer of property exempt under the Code or (ii) a request to determine the amount of a secured claim, the plan must be served on the affected creditors in the manner provided by Rule 7004 for service of a summons and complaint. I certify that a true and correct copy of the chapter 13 plan has been served on the following parties pursuant to Rule 7004:

<u>Name</u>	Address	<b>Method of Service</b>
Bank of the James	Bank of the James	Certified Mail
	c/o Robert R. Chapman, III, CEO	
	615 Church Street	
	Lynchburg VA 24504	

/s/ Stephen E. Dunn /s/ Michelle J. Dunn Counsel for Debtor(s)